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TX2017 05-102

Ver. 8.0

(Rev. 9-15/33)

## Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),  
Professional Associations (PA) and Financial Institutions

Tcode 13196

Taxpayer number

Report year

You have certain rights under Chapter 552 and 559,  
Government Code, to review, request and correct information  
we have on file about you. Contact us at 1-800-252-1381

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2017

Taxpayer name REATA RESTAURANTS MANAGEMENT CO LLC		<input type="checkbox"/> Check box if the mailing address has changed.	
Mailing address 1401 NORTH BOWIE DRIVE		Secretary of State (SOS) file number or Comptroller file number	
City WEATHERFORD	State TX	ZIP code plus 4 76086	0800836169

☐ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 1401 NORTH BOWIE DRIVE, WEATHERFORD, TX 76086
Principal place of business 1401 NORTH BOWIE DRIVE, WEATHERFORD, TX 76086

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below!

This report must be signed to satisfy franchise tax requirements.

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## SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name <b>REATA RESTAURANTS, INC.</b>	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 1401 NORTH BOWIE DRIVE	City WEATHERFORD	State TX	ZIP Code 76086
Name <b>A. M. MICALLEF</b>	Title <b>CHAIRMAN</b>	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 1401 NORTH BOWIE DRIVE	City WEATHERFORD	State TX	ZIP Code 76086
Name <b>M.A. MICALLEF</b>	Title <b>PRESIDENT</b>	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 1401 NORTH BOWIE DRIVE	City WEATHERFORD	State TX	ZIP Code 76086

## SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

## SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution <b>REATA RESTAURANTS INC</b>	State of formation <b>TX</b>	Texas SOS file number, if any <b>0133857300</b>	Percentage of ownership <b>100.00</b>
Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: <b>C A SNODDY</b>		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Office: <b>1401 NORTH BOWIE DRIVE</b>	City <b>WEATHERFORD</b>	State <b>TX</b>	ZIP Code <b>76086</b>

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here	Title <b>TREASURER</b>	Date	Area code and phone number <b>(817) 594-8771</b>
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Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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REATA RESTAURANTS MANAGEMENT CO LLC

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Name <b>C.A. SNODDY</b>	Title <b>SECRETARY</b>	Director <input checked="" type="checkbox"/> YES	Term expiration
Mailing address <b>1401 NORTH BOWIE DRIVE</b>	City <b>WEATHERFORD</b>	State <b>TX</b>	ZIP Code <b>76086</b>

Name <b>T.J. JONES</b>	Title <b>TREASURER</b>	Director <input checked="" type="checkbox"/> YES	Term expiration
Mailing address <b>1401 NORTH BOWIE DRIVE</b>	City <b>WEATHERFORD</b>	State <b>TX</b>	ZIP Code <b>76086</b>

Name <b>K. DAVIS</b>	Title	Director <input type="checkbox"/> YES	Term expiration
Mailing address <b>1401 NORTH BOWIE DRIVE</b>	City <b>WEATHERFORD</b>	State <b>TX</b>	ZIP Code <b>76086</b>

Name <b>T. LEWIS</b>	Title <b>OTHER</b>	Director <input checked="" type="checkbox"/> YES	Term expiration
Mailing address <b>1401 NORTH BOWIE DRIVE</b>	City <b>WEATHERFORD</b>	State <b>TX</b>	ZIP Code <b>76086</b>

Name <b>A.J. MICAELEP</b>	Title <b>OTHER</b>	Director <input type="checkbox"/> YES	Term expiration
Mailing address <b>1401 NORTH BOWIE DRIVE</b>	City <b>WEATHERFORD</b>	State <b>TX</b>	ZIP Code <b>76086</b>

Name <b>R. KIRKPATRICK</b>	Title <b>OTHER</b>	Director <input type="checkbox"/> YES	Term expiration
Mailing address <b>1401 NORTH BOWIE DRIVE</b>	City <b>WEATHERFORD</b>	State <b>TX</b>	ZIP Code <b>76086</b>

Name <b>B. CANTEY</b>	Title	Director <input type="checkbox"/> YES	Term expiration
Mailing address <b>1401 NORTH BOWIE DRIVE</b>	City <b>WEATHERFORD</b>	State <b>TX</b>	ZIP Code <b>76086</b>

Name <b>T. PETTY</b>	Title	Director <input type="checkbox"/> YES	Term expiration
Mailing address <b>1401 NORTH BOWIE DRIVE</b>	City <b>WEATHERFORD</b>	State <b>TX</b>	ZIP Code <b>76086</b>

Name	Title	Director <input type="checkbox"/> YES	Term expiration
Mailing address	City	State	ZIP Code

Name	Title	Director <input type="checkbox"/> YES	Term expiration
Mailing address	City	State	ZIP Code

Name	Title	Director <input type="checkbox"/> YES	Term expiration
Mailing address	City	State	ZIP Code